

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10622347

FLING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		3				
12		1				
13		1				
14		1				
15		1				
16		1				
17		3				
18		1				
19		8				
20		1				
21		1				
22		1				
23		5				
24		9				
25		9				
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	29					
TOTAL CLAIMS	30					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.												
TOTAL CLAIMS												